

Wirral Autistic Society

Wirral Autistic Society - 104 Church Road

Inspection report

104 Church Road
Bebington
Wirral
Merseyside
CH63 3EE
Tel: 0151 334 7510
Website: www.wirral.autistic.org

Date of inspection visit: 08 and 15/10/ 2014
Date of publication: 26/02/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8,15 and 16 October 2014.

48 hours' notice of the inspection was given because the service is small and the registered manager was often out of the office. The people who used the service were also often at day services or supported employment. We

needed to be sure that they would be in. We visited the service on 08 October and contacted peoples' relatives and other professionals involved in their care, on 15 and 16 October.

Summary of findings

Wirral Autistic Society (WAS) and the service, 104 Church Road offer individualised life skills training, activities and supported employment for people with autism and support for their families.

104 Church Road is a semi-detached house which provides residential care for two people who have autistic spectrum conditions and/or learning disabilities. The two people who lived there occupied a bedroom each and shared communal facilities including the bathroom, kitchen, lounge and dining room. It was staffed full time with at least one staff member and one staff member was always present overnight in the sleep-in room. This room also doubled as an office. On week days, the people who lived at the home engaged in day care and employment activities and travelled to these in a vehicle owned by WAS. People also got out and about with staff at weekends and they used either public transport or a staff or WAS vehicle. There was always at least one member of staff with people to support those outings, apart from visits where relatives picked up their family member from the house.

The home had a registered manager. A registered manager is a person who has registered with the CQC, to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The staff we observed and spoke with clearly understood the needs of the people they were supporting and were skilled and trained to provide support to them. The care was based on national and local best practice. At the time

of our visit, the service was accredited and validated under such national bodies as the National Autistic Society which researched the condition and provide information, support and services. They were also a member of the Autism Partnership which scientifically researches and validates new treatments and practices.

The people who used the service told us they were happy there. People were able to use their skills and interests to occupy themselves as they chose. They had individual and personal plans of care, training and support. They engaged in the day to day running of their home and were supported by a group of caring and skilled staff. Their relationships with the staff who we saw with them were friendly and trusting.

We found that the staff were knowledgeable and caring and had been recruited safely and appropriately. The home was clean, bright and had been recently redecorated and people's rooms had been personalised to their choice. The home maintained good and comprehensive records about the people and their needs as well as about audits and checks which had been done periodically. The people and their relatives were happy and said they felt confident they would be safe. Professionals told us the standard of care was very good and the service was forward thinking and used current best practice.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people who lived at 104 Church Road, staff who worked there, relatives and professionals involved in the care of the people. They used the information to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff we spoke with knew how to keep the people they supported, safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Staffing levels were sufficient to meet the needs of the people living there.

The service had effective systems to manage risks to the people's care without restricting their activities. Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe. Staff had been appropriately and properly recruited.

Good



Is the service effective?

The service was effective. We saw that people and their families were involved in their care and were asked about their preferences and choices.

People received care from staff who were trained to meet their individual needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Assessments of people's ability to make important decisions had been carried out.

Good



Is the service caring?

The service was caring. During our visit staff were kind and compassionate and treated people with dignity and respect. Staff went 'the extra' mile with people to support them and sometimes came in to help at events when they were off duty.

People had been involved in the creation of their care plans and continued to be involved throughout their stay in the home. The people who used the service were supported, where necessary, to make these choices and decisions.

Good



Is the service responsive?

The service was responsive. Care, treatment and support plans reflected people's needs, choices and preferences. They were always asked for consent before any support was given.

We saw that the service was flexible and pro-active to people and their needs.

The environment was suitable and appropriate facilities had been provided to meet the individual needs of the people living there.

Good



Is the service well-led?

The service was well-led. The provider had a strong management ethos which was reflected in the culture of the home.

The provider continually strove to improve the service and this was evident in the processes and strategies the staff at 104 Church Road, used. The provider had been awarded accreditation through different bodies and had just been re-evaluated by one, with good feedback.

People had been asked for their views on the service and we saw they had been listened to.

Good



Wirral Autistic Society - 104 Church Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected 104 Church Road on 8, 15 and 16 October 2014. This was an announced inspection which meant the staff and provider knew we would be visiting. We gave 48 hours notice to the registered manager that we would be visiting the service on 8 October 2014. This was done to ensure that people and staff would be present for our visit, as they were often away during the day. We made phone calls to staff, relatives and two professionals on 15 and 16 October.

The inspection was conducted by an adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also checked the information that we held about the service and the service provider. No concerns had been raised since we completed our last inspection. We also asked the local authority quality assurance team to inform us of any concerns or issues they had with the service. They told us they had no concerns with the service.

During our inspection we observed how the staff interacted with the people. We looked at how people were supported during their evening meal and during individual interactions. We reviewed the two care records of the people living in the home and four staff files. We also reviewed a range of records about how the home was run and about how the service was audited and managed.

We spoke with one person and one relative of a person who used the service. We also spoke with the home's registered manager, with three staff members and two professionals involved in the care of people who lived in the home. All the people and staff we spoke with referred to the service as the 'home' or as '104'.

Is the service safe?

Our findings

One person told us they were happy at 104 because, “It is the right place for me at the moment”. They told us they had a discussion with the staff and the registered manager and had been told of some alternatives, such as supported living. However, they had jointly agreed that it was the safest place for them at the moment. This decision had been reflected in the notes of the residents meeting of September 2014, where this person had expressed anxieties about some home vacancies elsewhere, that they had heard of.

One person told us, “I don’t help in the kitchen, I don’t like it and I don’t feel safe”. They went on to say they helped out in the office on a work placement and had been taught how to do things safely, such as use the photocopier and to make up key rings.

One relative we spoke with told us, “It’s very safe”.

The relative we spoke with told us that the parents of many of the people who used the WAS services regularly met and supported each other. These parents went to different events and would, “All keep an eye on each other’s relatives who are now all adults”. When we asked this relative if they felt the service was safe, they said, “We couldn’t do better”.

We spoke with a relative who told us that staff had been able to persuade one person to wear a locket around their neck which gave information about their drug allergies. They said, “That’s amazing, [name] would never have done that for us”.

One professional told us, “We review individual’s health and medication needs at least annually”. This professional went on to say that the support provided to people had adjusted over the years with their changing needs, as people got older. They told us, “The people mostly have the capacity to make decisions about most things”.

The provider had effective policies and procedures and protocols for ensuring that any concerns about person’s safety were appropriately reported. They also had a copy of the local safeguarding protocols and trained their staff in both regularly. Staff told us, and training records confirmed that staff had received regular training in safeguarding and whistleblowing to make sure they stayed up to date with issues and the process for reporting safety concerns. Both of the staff we spoke with could clearly explain how they

would recognise and report abuse. There had been no safeguarding events reported in the last year. Risk assessments had been completed, recently reviewed and updated for people and they had been discussed with the individual person. They and staff had decided what was safe for them to do and how best to do it.

People were actively encouraged to engage in discussions about their accommodation, risks and lifestyle choices. Risk assessments had been completed for various activities.

We saw that people were encouraged to participate in community and communal activities and that they had been taught how to stay safe whilst doing so.

During our inspection we heard a staff member expressing concern about a person’s increasing distress to the registered manager. This demonstrated that they followed the provider’s procedures and reported any concerns to the appropriate person. The registered manager immediately addressed the issue which was resolved straight away.

Medicines were stored safely in a locked cupboard and records were kept of medicines received and disposed of. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. The medications policy and procedure was followed. However, we noted that the person’s drug allergies had not been recorded on the current sheets, although they had been recorded in previous ones.

We saw that all drugs quantities tallied with the MAR sheets and that all homely remedies, such as paracetamol, were in the correct packaging and were in date. Authorisation forms had been signed for homely remedies by a GP, although this was not a legal requirement. We were told that it was an additional safety precaution and supported the audit trail for the medicines audits which occurred every week and month.

One person self-administered their own medication kept in their room which they kept locked and they maintained their own MAR charts, with the support of staff. They told us that this was their preferred option and that they were happy with this arrangement. A risk assessment had been completed for this activity.

Health and safety had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a ‘residents fire drill record’

Is the service safe?

and lecture notes, which had taken place in May 2014. Fire exit signs were around the home. A legionella risk assessment had been completed in 2012, with recommended actions. This had been tested since with the last test certificate being done in May 2014 with a rating of 'satisfactory'. Various other checks and audits were completed regularly to ensure that health and safety was in good order. People were able to take risks such as going horse riding.

All the records and some of the medicines held at 104 were kept in the staff cover room. This was secured by a fire door which at the time of our visit was open and unlocked, although the key was in the lock. This meant that the fire safety integrity of the room and the building might be compromised in the event of a fire. It also meant that confidential records were not stored appropriately. We were told it had been left open because of our visit to enable access to the room, and we noted that it remained

unlocked throughout the duration of the visit. We were told that the registered manager and staff ordinarily kept such doors closed and locked and we had seen that this had been the case in the providers' other locations.

The provider recruited staff effectively and safely, ensuring that the correct evidence was obtained of a person's right to work in the UK, their qualifications and that references including Criminal Records (CRB) or Disclosure and Barring Scheme (DBS) records had been obtained. This ensured that as far as possible people who were recruited to WAS were safe to work with vulnerable people, before an offer of employment was made. The provider had a disciplinary procedure and other policies relating to staff employment.

The ratio of one staff to two people was very appropriate to people's needs and enabled adequate time for safe, individual and person centred care, to be provided. We saw that each person was treated as an individual and that the staff member on duty during our visit gave each person appropriate attention and support. They told us they had a duty to keep them safe.

Is the service effective?

Our findings

One person told us, “I don’t like spicy food. We get separate meals sometimes”. They also told us they enjoyed the meals cooked for them.

A parent told us that they [the service] “Couldn’t do better”.

One professional told us, “Everything is individualised”. Another we spoke with confirmed that they were involved in a review of a care plan and was of the opinion the “They gave good support”. They also said, “I have no concerns”. A third professional said, “They really understand their autism and they are happy there”.

A professional told us, “The education programme is very good. The induction is a very intensive two week one”. Another professional we spoke with told us, “I am aware that some staff go to national meetings”. A staff member at 104 told us, “Fantastic training, they are always doing training” and another said, “I get a lot of training and am happy to do it to meet the service user’s needs”.

Both people living at 104 had done so for several years. The building was a semi-detached house in a quiet neighbourhood. It provided a homely environment and atmosphere with the usual facilities. It had been recently decorated and was furnished as any ordinary home might be and people’s bedrooms had been personalised and decorated to their choice. One person told us they wanted a second toilet, as sometimes the only one was in use. The registered manager explained that WAS had considered this but that the building had insufficient space to create one. This was accepted and an agreement was made to try and be fairer to the other resident in the timing of baths and showers.

Much of the information in the care plans was in an easy read format and was readily available to people. An easy read format included pictures as a way of explaining information to people who may have communication difficulties. We saw that the staff had also been trained in other forms of signing, such as Makaton. Makaton uses signs, symbols and speech to help people communicate. We saw effective communication between the people who used the service and the staff supporting them.

A health care professional told us that the service were very keen on promoting healthy eating and we saw that hot, home cooked food was served in the evening of our visit

including a good portion of vegetables. This professional checked people’s weight regularly and made recommendations about their diet. The mealtime was leisurely and was shared, in the dining room, between the people who used the service and the staff member supporting them, who had also cooked the meal.

We saw that staff had received supervision regularly and had annual appraisals. This provided a formal opportunity for staff to talk one to one with their manager to receive support and training. We were told that the manager also had an ‘open door policy’ and that staff felt comfortable to discuss any issues which cropped up on a day to day basis, or seek advice.

WAS had a dedicated training department. This enabled staff to be developed on site and to receive consistent training throughout their career. We saw that the training matrix demonstrated that a comprehensive training schedule was undertaken by the homes’ staff which allowed for professional qualifications to be gained. Staff at 104 had NVQ (National Vocational Qualification) at level two and three. This ensured that staff had the right mix of skills, competencies and qualifications to meet the needs of the people who used the service.

The staff were trained so they provided specialist care to people. The staff we spoke with had completed an annual two-week mandatory training period. Examples of subjects covered during this training included care planning, consent and safeguarding. Staff also completed additional training both as e-learning and classroom based learning. They also had competency-based assessments to make sure that they could demonstrate the required knowledge and skills. Examples of these assessments were medication and fire drills.

We received a copy of the staff training matrix by email. Training had been provided to meet staff needs and aspirations. This meant that people who used the service received care from staff who were skilled and competent to support them. Staff were able to develop and acquire new skills and be kept up to date with best practice.

Staff told us they were encouraged by the provider to participate in national learning events. One staff member told us they had recently attended autism specific learning and had gained a lot of information about it and had learned about recent developments research.

Is the service effective?

The provider trained staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) The service was following the MCA code of practice and made sure that the human rights of people who may lack mental capacity to take particular decisions were protected. Staff had were able to demonstrate that they understood the

requirements of the MCA and DoLS and acted in a lawful manner. The provider had made applications for the people at 104 to be assessed, to the 'supervisory body', which was the local authority and was waiting for a response at the time of our visit.

Is the service caring?

Our findings

One person told us that they, “Were very happy with all the staff, just some more than others”. A relative told us, “If [name] doesn’t get on with anyone, they will say, ‘so and so ‘s retired’, but life’s like that.”

The person and the relative we spoke with told us they were happy with the care and support they received at the home. We observed the other person who was relaxed and seemed very comfortable and at home. Their relative told us that since being at 104, this person was more relaxed. They told us that the person wanted to return to 104 after a weekend away. “The support workers are fine, there isn’t anything I am not happy about or pleased with”, a relative told us. Another relative who told us, “We are always involved and they continue to inform us of any issues or changes”

People were encouraged to make and keep relationships inside and outside the home. Families were invited to meetings and could visit freely. People were enabled to visit their relatives or/and to go on trips and holiday with them. Other activities were undertaken together, such as the forthcoming birthday of one person. This was discussed at the last residents meeting and this person requested the other person and staff help celebrate with a meal together. Individually, people were able to plan and enjoy their own activities, such as planning a trip to Llandudno for a Tinsel & Turkey weekend, or going to Tatton Park and to the races. Supported employment provided an income and people were able to spend or save this, as they liked.

We observed people as they came home after a day away at activities organised by the provider. They were chatty with the support worker and each other and went about

their own occupations until dinner was served. We saw that staff went ‘the extra’ mile with people to support them and had sometimes come in to help at events when they were off duty.

One person retired to their room before dinner and we were told that this was normal for them. Their relative confirmed this, telling us that although they were happy with company most of the time, they enjoyed time on their own. This was respected by staff who knew the person well and respected their preferences. After dinner, a staff member told us that one person was becoming distressed and was concerned about that. The staff member was concerned and caring about the person and responded to them in a calming and soothing manner which they responded positively to.

When the other person was waiting for dinner and talking with us, they were listened to and talked to in a respectful way by the registered manager and the staff member on duty. The person was not completely happy with one of their activities and arrangements were made to fully discuss this and find solutions which might help. They were very happy with this suggestion and negotiated the time of the meeting themselves. It was clear from the content of the person’s conversation that such matters were often discussed and their views sought and respected. The relationship between the staff member and the registered manager, with the people at 104, was adult, calm and confident.

People were encouraged to participate in everyday activities such as choosing what to wear or helping in the house and this helped to promote their independence.

Through the provider, there was an effective system in place to request the support of an advocate to represent their views and wishes.

Is the service responsive?

Our findings

One person told us, “I save up and use the money for holidays and things like that”. They went on to say, “I don’t go to the Wednesday club because I don’t like it”.

A person’s relative, told us, “They seem to understand [name] so well. They wouldn’t go back on a Monday if they did not enjoy being there. They [staff] are very good, they take [name] to the races and to the stables. [My relative] is always occupied. They also like to relax in their own company and staff respect that”.

One staff member told us, “They really enjoy the activities. We take them to shows, days out, that sort of thing. We always ask them what they want to do. They have the choice about what or where to go or do. We sit, talk to them ask them and involve them in everything to do with the home or their lives. Sometimes we suggest things to do, but it’s their choice”.

People chose the activities they wanted to participate in and staff respected their choices. People were able to go to community and voluntary services (CVS) which was run by the provider at another site. Staff at 104 supported people with care, co-operation and understanding. We saw that staff ensured that people had full and meaningful lives according to their choices and preferences.

The staff used assessment and monitoring tools to identify changes in the people’s health and wellbeing so they could quickly access appropriate health, social and medical support when needed. Doctors visited the home as required.

We saw that people received person centred care and that they were involved with their care planning and were encouraged to make their lives their own. There was a strong, person centred culture evident in our observations of the staff to person interactions.

Care files were comprehensive and easy to use. A pen picture was included so that new staff could quickly

evaluate the care needs of a person. People’s allergies were recorded in the pen picture and at other times throughout the contents of the care plan. The care files contained information about the person and their health and social care needs, their contacts and relationships and their preferred activities. We saw that the care plan files were regularly reviewed and updated. Many documents were written as ‘easy-read’ ones and so were accessible to the people they referred to. We saw that care plan files and medication administration records (MAR) sheets had photographs of the person they were for, to enable staff or relief staff to readily identify the individual.

We noted that at a recent review, which had been attended by the person, their relative and staff, various aspects of care and living had been discussed. Headings in the review document included, ‘My achievements since my last review’, ‘What I would like to change’ and ‘What has worked well for me’. Staff supporting the person had recorded for them, comments such as, ‘I am making more choices over my activities’ and ‘Staff give me limited choices so as not to overload me’ and ‘I would like to go on more days out and try new activities’.

The registered manager told us about what had happened as a result of this review which was to investigate other activities which might be enjoyed by the person and this was confirmed by the person themselves.

Both people and their relatives were actively encouraged and enabled to express their views about the service, as were professionals involved in people’s care. We saw that information was available to people in formats they could understand. Staff had been trained to use various communication aids to support their work with people and to enable better understanding of their needs and preferences.

The home had a complaints policy and people and their relatives told us they knew how to complain. They told us they could feed back into the service any concerns they had.

Is the service well-led?

Our findings

Comments from staff were, “It’s about finding the right balance between both clients’ needs. They do a good job as far as I am concerned” and “They consider the best interests of people” and “We are a good team. We all work well together”.

One staff member told us, “I’ve never had any problems, I think it’s a well-run society” and another said, “I can’t fault the manager or staff. I have general monthly meetings and it’s all great”.

A professional we spoke with spoke well of the organisation and of the staff of 104, saying that the residents had, “Good Support” and “It’s an excellent service”.

The registered manager and the staff had a good understanding of the culture and ethos of the organisation, the key challenges and the achievements, concerns and risks. The leadership was visible at all levels of the service. It was obvious that the registered manager was well known to the residents even though she managed several services. Staff were able to tell us that they had a good relationship with the registered manager. We saw records of ‘return to work’ interviews which evidenced the support staff had.

The provider and service was a well known one in the area and many local community links had been made. The relative we spoke with told us she had been one of the founder members of the original WAS. The parents of people supported by the provider had their own group and informed and supported each other. They still maintained good relationships with the organisation which had developed from the early service, to the current provider and with each of the provider’s services and the communities they were located in.

The registered manager and the provider had a system of supervision and appraisal with staff to ensure that a two way conversation and feedback was measured and recorded. Individual professional development was encouraged by the management and they offered courses and other opportunities for staff to improve their skills and progress if they chose. We saw and heard that staff were comfortable with the registered manager and were confident to tell her of any problems. The registered manager visited the service frequently through each week.

People and staff, through their various reviews, appraisals and supervision sessions, had been encouraged to develop the service in the home and we saw this recorded in records we viewed. Quality assurance processes were in place. People, staff and other professionals had been asked for feedback on the service. Records also confirmed that respondents were listened to and as a result, some changes had been made, such as alterations to activities or home visits. The home completed various other audits throughout the year, which contributed to an annual audit. An action plan had been produced to address any areas of concern identified through all of the audit and feedback processes. Support and person-centred plans, risk assessments medication and health and safety, amongst other audits, had all been recently completed. We saw that there were policies in place for a range of issues and these policies had been reviewed regularly. The provider had recently updated their ‘Statement of Purpose’ and had sent us this, as required.

The provider and the manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information. There was evidence of transparency, good practice and innovation and we saw that the service had been accredited by the National Autistic Society. In order to achieve accreditation an organisation must provide evidence that it has a specialised knowledge and understanding of autism, which was used in the assessment and support plans and the management of the organisation.

The service and provider had a ‘People Development’ award and were ‘Investors in People’, amongst other schemes. The provider had its own in house ‘autism practice department’ which supported staff with their practice and informed them of latest innovations and research. In the couple of days before our visit, the National Autistic Society had conducted their three yearly accreditation visit to the whole provider. They had visited 104 as part of that process. The registered manager informed us by email of the verbal feedback they had received pending the written report. She wrote, ‘The team feedback was very positive and they stated they had been made to feel very welcome by everyone they met. There was very positive feedback for WAS community volunteer service, the departments, and homes they visited. They

Is the service well-led?

commented on the knowledge and commitment demonstrated by staff across the society. They were also very complementary about the training and autism practice department'.